



TOWN of ISLIP
DEPARTMENT OF ENVIRONMENTAL CONTROL

(DEPT. USE ONLY)
DEC APPLICATION # _____

TRANSFER STATION / RECYCLING CENTER PERMIT APPLICATION

TYPE OF PERMIT *(Check all applicable boxes)*

☐

NEW

☐

RENEWAL

☐

MODIFICATION

OWNERSHIP:

FACILITY OWNER NAME _____

ADDRESS _____

TOWN / STATE / ZIP _____

TELEPHONE _____

LOCATION:

FACILITY OWNER NAME _____

ADDRESS _____

TOWN / STATE / ZIP _____

TELEPHONE _____

NEW YORK STATE DEC TRANSFER STATION PERMIT NUMBER _____

EFFECTIVE DATE _____

EXPIRATION DATE _____

List all officers by name and title, and all persons with financial interest in this application as follows: the application shall contain the name of the applicant or, if a partnership or corporation, the names of all partners, officers, directors and all persons holding 5% or more of the outstanding shares of said corporation. If the applicant is a corporation which is wholly or partially owned by another corporation, the parent corporation shall be identified together with the name of the officers and director of the parent corporation.

Type of Ownership:

☐

Sole Proprietorship

☐

Partnership

☐

Corporation

(If owned by parent corporation, provide information on additional sheet.)

A. OFFICER / PARTNER

NAME _____

ADDRESS _____

TOWN / STATE / ZIP _____

C. OFFICER / PARTNER

NAME _____

ADDRESS _____

TOWN / STATE / ZIP _____

B. OFFICER / PARTNER

NAME _____

ADDRESS _____

TOWN / STATE / ZIP _____

D. OFFICER / PARTNER

NAME _____

ADDRESS _____

TOWN / STATE / ZIP _____

Have you or any person listed above been convicted of a violation of the law, other than a traffic violation?

☐

Yes

☐

No

If yes, explain:

CAPACITY REQUEST / PRELIMINARY RECOVERY ESTIMATE

Types of Waste to be Accepted:

☐ Commercial Solid Waste ☐ Construction and Demolition Debris

☐ Other (please specify) _____

QUANTITIES TO BE ACCEPTED:

Commercial Solid Waste: _____ tons/day _____ yds³/day

Construction and Demolition: _____ tons/day _____ yds³/day

Other: _____ tons/day _____ yds³/day

Other: _____ tons/day _____ yds³/day

MATERIALS TO BE RECOVERED:

☐ Newspapers ☐ Corrugated Cardboard

☐ Glass ☐ Ferrous

☐ Plastic ☐ Mixed Paper

☐ Aluminum

☐ Other (please specify) _____

PLEASE DESCRIBE SEPARATION SYSTEM TO BE EMPLOYED (i.e. hand sorted or automated):

LIST CARTING FIRMS FROM WHOM WASTE WILL BE ACCEPTED: (attach additional sheets if needed)

A. FIRM 1:

NAME _____

ADDRESS _____

TOWN / STATE / ZIP _____

TELEPHONE _____

B. FIRM 2:

NAME _____

ADDRESS _____

TOWN / STATE / ZIP _____

TELEPHONE _____

C. FIRM 3:

NAME _____

ADDRESS _____

TOWN / STATE / ZIP _____

TELEPHONE _____

D. FIRM 4:

NAME _____

ADDRESS _____

TOWN / STATE / ZIP _____

TELEPHONE _____

WILL MATERIAL BE ACCEPTED FROM OUTSIDE THE TOWN OF ISLIP:

☐

YES

☐

NO

IF YES, LIST THE CARTING FIRM AND THE JURISDICTION FROM WHERE MATERIAL WILL BE COLLECTED:
(attach additional sheets if needed)

FIRM / JURISDICTION _____

FIRM / JURISDICTION _____

FIRM / JURISDICTION _____

FIRM / JURISDICTION _____

FIRM / JURISDICTION _____

FIRM / JURISDICTION _____

PLEASE LIST MARKETS / OUTLETS FOR RECOVERED MATERIALS (NAME & LOCATION):

NEWSPAPER _____

GLASS _____

PLASTIC (identify types) _____

ALUMINUM _____

CORRUGATED CARDBOARD _____

FERROUS METAL _____

MAGAZINES _____

MIXED PAPER _____

PLEASE IDENTIFY DISPOSAL FACILITIES FOR RESIDUAL WASTES:

NAME / LOCATION:

NAME / LOCATION:

NAME / LOCATION:

NAME / LOCATION:

STATE OF NEW YORK)
COUNTY OF) : S.S.

_____, being duly sworn,
deposes and says that he/she is the _____ of
_____, the applicant
herein; that all the information submitted with this application is true; that the applicant
agrees to comply with all provisions of Chapter 21 of the Code of the Town of Islip which
regulates the collection and disposal of solid waste and the operation of Transfer
Stations/Recycling Centers; that the applicant understands that failure to comply with the
rules and regulations of the Town of Islip or any false statements made on any part of this
application shall be grounds for denial and/or revocation of this permit.

SIGNATURE

SWORN TO BEFORE ME THIS _____
DAY OF _____, 20____

NOTARY PUBLIC _____

ACTION BY TOWN CLERK:

(A) Approved:
Permit No. _____, expires: _____

(B) Disapproved: _____